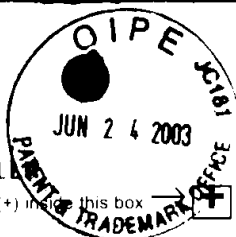


BAKER BOTTS LLP

Please type a plus sign (+) inside this box

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number 09/320,767

Filing Date May 27, 1999

First Named Inventor Giannoukakis

Group Art Unit 1635

Examiner Name Angell, Jon E.

Attorney Docket Number A32362

Total Number of Pages in This Submission

RECEIVED
JUN 26 2003
TECH CENTER 1600/2900**ENCLOSURES (check all that apply)**☐ Fee Transmittal Form☐ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53☐ Assignment Papers
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication
to Group☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please
identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual nameBakerBotts LLP
30 Rockefeller Plaza
New York, NY 10112

Signature

*Carmella L. Stephens*Att Name: Carmella L. Stephens
PTO Reg: 41,328

Date

June 18, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: June 18, 2003

Typed or printed name

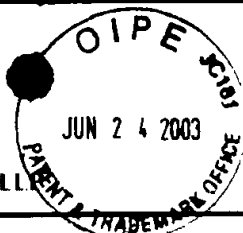
Carmella L. Stephens

Signature

Carmella L. Stephens

Date June 18, 2003

BAKER BOTTS LLP



FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**465**

Complete if Known

Application Number 09/320,767

Filing Date May 27, 1999

First Named Inventor Giannoukakis

Examiner Name Angell, Jon E.

Art Unit 1635

Attorney Docket No. A32362

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:Deposit Account Number
Deposit Account Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee required under 37CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**0**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from	Fee Paid
				below	
Total Claims	<input type="text"/>	- 20 =	<input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	- 3 =	<input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent	<input type="text"/>				

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**0**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	465
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**465**

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)

Carmella L. Stephens

Registration No.
(Attorney/Agent)

41,328

Telephone 212 408-2539

Signature

Carmella L. Stephens

Date

June 18, 2003

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information: